



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Evelyne DELFOURNE et al.

Confirmation No. 3819

Serial No. 10/049,381

GROUP 1626

Filed February 12, 2002

Examiner J. Coppins

PHENANTHROLINE-7-ONE DERIVATIVES  
AND THEIR THERAPEUTIC APPLICATIONS

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313

July 19, 2005

Sir:

Responsive to the Official Action mailed April 19,  
2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing  
of claims which begins on page 2 of this paper.

Remarks begin on page 25 of this paper.

07/29/2005 KRAY22 00000001 250120 10049381

01 FC:1201 200.00 DA

1626  
See proposed  
OJH  
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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

10/049381

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	*
INDEPENDENT CLAIMS	6 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	12	20		
Independent	6	6		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	13	20		
Independent	6	6		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	15	20		
Independent	8	6		2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE  OTHER THAN OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

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